

COLORADO MEDICAID PHARMACY PRIOR AUTHORIZATION FORM

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| Patient's Medicaid ID | Number | PA | TIENT I | NFORM | IATIO | N | Patien | t's Da | ate o | f Bir | th | | | _ |
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| Prescriber's Full Name | • | PRE | SCRIBE | R INFO | RMAT | ION | | | | | | | | |
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| Prescriber Street Addr | ess | | | | | | | | | | | | | _ |
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| City | | | | | State | <u> </u> | Zip Co | de | | | | | | |
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| Prescriber Phone: | | | | | <u></u> | Prescri | ber Fax | <u>.</u> | | | | | | |
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| Prescriber NPI # | | | I | | L | | Presci | iber∃ | DEA | # | | I | l | |
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| Drug Requested: | | | | | | | | | | | | | | _ |
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| Diagnosis: Failed Medications: | | Method | of | Dosing | oplicab | ole) | | | | | | | | |
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